BOROUGH OF LEIGH

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ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE

Year 1945

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BOROUGH OF LEIGH, 1945.

HEALTH COMMITTEE

Chairman :

Councillor T. HOURIGAN

Deputy Chairman :

Councillor W. SEDDON

His Worship the Mayor (Councillor T. Haseldine, J.P.)

Ald. W. Collier, J.P.
,, N. Fairhurst, J.P.
,, H. Gough, J.P.
,, W. Grundy, J.P.
,, W. Higenbottam, J.P.
,, W. Hindley, J.P.
Coun. F. Bamford
,, C. H. Bratt

Coun. J. Horrocks J.P.
,, S. Jones
,, W. Kearney, J.P.
,, Rev. R. J. King
,, Mrs. A. Lowe
,, H. Scholes
,, W. Woolstencroft

MATERNITY AND CHILD WELFARE SUB-COMMITTEE :

Chairman :

Councillor T. HOURIGAN

His Worship the Mayor (Councillor T. Haseldine, J.P.)

Ald. N. Fairhurst, J.P.
,, H. Gough, J.P.
Coun. F. Bamford
,, T. Battersby
,, E. Green

Coun. S. Jones
,, W. Kearney, J.P.
,, Mrs. A. Lowe
,, J. Parr
,, W. Woolstencroft

Co-opted Members :

The Mayoress (Mrs. T. Haseldine)

Mrs. V. Fairclough
Mrs. W. Blackshaw

Mrs. A. Lowe

BOROUGH OF LEIGH

STAFF OF PUBLIC HEALTH DEPARTMENT.

Medical Officer of Health and School Medical Officer ;
Medical Supervisor of Midwives,
Medical Superintendent Firs Maternity Home.

H. J. PETERS, M.B., B.S., B.Hy., D.P.H., D.P.A.

Assistant Medical Officer of Health and Assistant School Medical Officer :

B. HOWARTH, M.B., Ch.B. (resigned June, 1945)
D. J. FRASER, M.B., Ch.B. (appointed July, 1945)

Senior Sanitary Inspector, Inspector under Canal Boats Acts, Rodent Officer:

†H. CLUSKY.

District Sanitary Inspectors :

†*T. Hailwood †*J. Mather (resigned Nov., 1945)
†*G. Keaveny (resigned May, 1945)

†Cert S.I.B. *Qualified Meat and Other Foods Inspector.

Health Visitors and School Nurses :

*†‡E. Humphreys *†L. M. Goulden †M. Smith
*†‡H. Mycock *†‡A. W. Moordaff

Maternity Home Staff :

S. J. Storey (Matron and Non-medical Supervisor of Midwives).
T. C. Hall (Deputy Matron) (resigned August, 1945).
M. A. Hlll (Deputy Matron) (appointed October, 1945).
A. McLeod (Midwifery Sister) (appointed November, 1945).

Staff Nurses :—B. Hurst (resigned August 1945), I. Matier, J. Entwistle, M. Burke, M. Lowry, E. M. Lowe (appointed October 1945), M. Heuston, (appointed June, 1945), E. M. Shepherd (resigned January, 1945).

Municipal Midwives :

†A. Gibbon †M. E. Makin †A. Humphreys
*†M. Fletcher (appointed May, 1945). *†E. M. Emerson

Day Nursery :

*†Miss A. Bradley (Matron) ¶Miss K. Speakman (Deputy Matron)
Mrs. Sugden (Warden) and 8 Nursery Assistants.

Puerperal Fever Nurse :

*Mrs. I. Dickinson

*State Registered Nurse. †Central Midwives' Board Certificate.
‡ Health Visitor's Certificate. ¶Princess Christian Certificate

Consultants (Part-time) :

K. V. Bailey, M.C., M.D., M.R.C.P., F.R.C.O.G.	Obstetrician
C. E. B. Rickards, M.B., Ch.B., M.R.C.O.G.	Obstetrician
M. L. Thomson, M.A., M.D., M.R.C.P.	Paediatrician
G. E. Hayward, M.B., M.R.C.S.	Ear, Nose and Throat Surgeon
J. Holt, M.R.C.V.S.	Veterinary Surgeon

Clerical Staff :

S. Cunningham (Senior) (deceased)
Hilda M. Dixon, Helen Mulrooney, Doreen Overton, Doris Cunningham.

The clerical staff also performs the clerical work of the School Medical Services.

Public Health and School Medical Department,
Town Hall,
Leigh,
Lancashire.
August, 1946.

To the Chairman and Members of the Health and Maternity and Child Welfare Committees.

Mr. Chairman, Ladies and Gentlemen,

I have the honour, as Medical Officer of Health, to present my Annual Report for the year, 1945.

INTRODUCTION.

War and Progress.

The year under review witnessed the termination of the greatest war in history. The evil effects of war require no emphasis. The urgencies of war, however, stimulate scientific research and the results so obtained are available for the future benefit of mankind. The war, which concluded in 1945, saw great progress in medicine and surgery. The requirements of the war gave the fullest encouragement to the development of research with regard to new methods of blood transfusion and rehabilitation. The necessity to replace our natural source of quinine, which had been lost as a result of Japanese action, stimulated the search for synthetic substitutes. The results achieved by this intensive research should prove of great value in dealing with the malarial problem. Similarly, the atmosphere of war ensured that no time was lost in exploring the possibilities of D.D.T. and penicillin. The results of atomic research afford a demonstration of what can be achieved when research is nurtured by adequate finance and international scientific co-operation.

The threat to our food supplies necessitated an organisation which would ensure that the available food was properly distributed among the population in accordance with physiological need, and that the prices of essential foods were kept within the means of the lower paid members of the community. It was also necessary to spread knowledge among the populace concerning the nutritional significance of the available foods. The necessity to make the best use of the available foods also led to the introduction of official standards in respect of many articles of food. These standards will, no doubt, be extended to other foods and become a permanent feature of our food policy. There can be no doubt that the steps thus taken to safeguard nutrition were in a large measure responsible for the improvement in the vital statistics observed during the war years. The success achieved and the experience gained by this work will be of the greatest value in the efforts now being made on a world-wide basis to solve the nutritional problem. The good work initiated at the historic meeting at Hot Springs, Virginia, in 1943, is being continued by the Food and Agriculture Organisation of the United Nations. The United Nations' Food Conference was held at Hot Springs to consider "freedom from want in relation to food and agriculture" and was attended by the representatives of 44 nations. For the first time in history a co-ordinated international effort is being made to ensure that all the nations of the world are properly fed and, in particular, have a sufficiency of protective foods, such as milk, eggs, fish, fruit and vegetables.

The war years also saw great developments in health education. The central government departments and the Central Council for Health Education conducted national campaigns through the medium of the press, the poster, the cinema, and the radio dealing, among other matters, with diphtheria immunisation, nutrition and venereal disease. These efforts on a national scale made an important contribution to the preservation of the nation's health and the experience thus gained will, no doubt, be valuable in future schemes of health education.

It is a striking tribute to the character of the nation that in the midst of a war, upon the outcome of which so much depended, it could devote such energy to the improvement of our social services. The recent developments in education, health and social insurance mark a new epoch in the evolution of social legislation.

Local Government.

The need for a re-organisation of the machinery of local government has been apparent for some time. There is, however, considerable divergence of opinion as to the principles upon which such a re-organisation should be based. The tendency to transfer the local administration of many services to the larger authorities continues unabated, and it must be admitted that many of the social services require a large unit for their efficient local administration. On the other hand, some hold the view that certain services, for example, some of the personal health services, are best administered by comparatively small and compact authorities. The optimum size of a local government area will depend upon local conditions, and hence will vary from place to place. The local authorities created under the Poor Law Amendment Act of 1834, followed the utilitarian principles of Bentham in so far as the unions of parishes were of such dimensions as to enable the workhouse to be within a day's travelling distance of the inhabitants of the union. Modern transport facilities have considerably increased the size of an area which would satisfy this criterion, but the larger a local authority becomes the more difficult it is to foster and maintain among its inhabitants a strong sense of social consciousness.

In devising new areas for local government it would be well to see that they are of such a size and command such facilities as will enable the new authorities to ensure a high degree of integration in relation to the services usually provided by local authorities. A criticism levelled against the Health Bill now before Parliament is that it fails to achieve a sufficiently complete integration in the local administration of the health services. Under the Bill separate bodies will be responsible for the local administration of the domiciliary and hospital services. The development of our social services has seemingly outpaced the evolution of the local government machine devised by the Acts of 1835, 1888 and 1894. The machinery devised by the later acts was modelled on that created by the Municipal Corporations Act of 1835. The social services have grown rapidly since the end of the nineteenth century and we are now witnessing a tremendous surge forward in their rate of growth. It would, therefore, be surprising if the present structure of local government, which had its origins in the year 1835, and has not been radically altered in the past 50 years, was entirely suitable for the new burdens it is now called upon to shoulder by virtue of the rapid development of the social services. We have reached a stage when the structure of local government must be made to conform to modern requirements.

It may be that the future re-organisation of local government will result in the creation of local authorities of such a size as will enable them to be vested with the local control of most of the health services, leaving only certain specialised health services, for example, brain surgery and cancer to be dealt with on a regional basis.

The creation of the parish meeting and the parish council by the Local Government Act of 1894 was a recognition of the potential importance of the smaller authorities. We are now moving in the opposite direction, and the present tendency is rather to stress the need for larger authorities than to make an exhaustive inquiry into the possibilities of the smaller authorities. The question naturally arises as to what is to be the precise role of the smaller local authorities, which are at present in the process of being denuded of their powers, and what principles should be kept in mind when deciding the future of these authorities. The loss of powers by the smaller authorities may ultimately be reflected in a loss of interest on the part of the elected representatives of these authorities and in a diminution of the professional qualities of the officers attracted to their service.

Some may consider that if a function can be efficiently performed by the smaller authorities it should not be transferred to the larger authorities. Indeed, if we believe that the maximum degree of devolution is in the best interests of democracy there would seem to be every reason for leaving such functions with the smaller authorities. When a function is delegated to a smaller authority the delegation should be as complete as possible. If a local authority is to exercise its creative instinct it must have reasonable freedom of action. In the long run the absence of such freedom will tend seriously to impair the pioneering activities of the elected members of the authority, and the creative urge of its officers may be replaced by a sense of frustration. It is vitally important that the health services should achieve a minimum standard of efficiency throughout the country and it is a function of the central authority to see that local authorities achieve this standard. In so far as it does not conflict with the attainment of this aim there would seem to be an advantage in allowing full scope for the stimulating effect of local experiment on the progress of the social services.

Birth Rate.

Reference was made in last year's report to the appointment of a Royal Commission on Population. In September, 1945, this Commission issued a short statement, the main object of which was to ask a representative sample of the total population of married women to supply information concerning their age, date of marriage and the dates of birth of their children. This information is required in order to ascertain whether "the trend is towards an increase or a reduction in the numbers and proportion of childless, one child, two children, three children and other sizes of families." Without this information it is impossible to say whether the increase in the Birth Rate, which has been observed in this and other countries, is, in part, due to births postponed from the earlier war years or, alternatively, to a halt in the fall in the average size of the family.

The statement points out that until 1870 the average family consisted of more than five children. By 1930 the average number of children in the family had fallen to approximately two. It is emphasised that if the present population of the country is to be maintained the average family should consist of well above two children in order to allow for "deaths in childhood, for people who do not marry, and for married couples who cannot have children." An average of two children per family will inevitably mean a fall in our population (unless the population is maintained by immigration).

The significance of the decrease in the average number of children per family, which had begun in 1870 was masked because the annual number of births did not decline till the early years of the present century, owing to the fact that the number of young people of marriageable age was increasing as a consequence of the rising birth rate of previous years. For the period 1900–1909 the average annual number of births in Great Britain was 1,064,000 but by the decade 1930–1939 this figure had fallen to 701,000 births a year. Another factor which tended to obscure the true state of affairs was the fall in the death rate brought about by the progress made in public health.

A paragraph in the Royal Commission's statement dwells on the fundamental importance to the well-being of the nation of the advent of methods of birth control which are generally accessible to all citizens. It reads as follows : "The evidence before the Commission amply confirms the generally accepted view that the immediate cause of the fall in the birth-rate is the widespread practice of family limitation through birth control. In all probability birth control will spread and become more effective. This means that the numerical strength, even the survival, of the nation depends on individual decisions which men and women make about the number of children they will have. At least in scale, this is a new thing in history, and it presents a momentous problem."

The statement remarks that "for a long time the economic and social pressures have been in favour of the very small family." Sir William Beveridge observes in his report on Social Insurance and Allied Services that large families were an important cause of poverty in the first 30 years of this century. The Commission is giving thought to the means whereby the "pressures" mentioned in its statement may be eased. The scheme of family allowances introduced this year will be of valuable assistance in this direction. Now that the size of families can be easily controlled by the decisions of parents it is obviously important that social and economic policy should be so devised as to encourage families of a size which will meet the best interests of the nation. As the statement points out, our future population has, to some extent, already been determined by past events. In 20 years' time, for example, the population aged 20–40 will not be as large as it is to-day. Therefore, economic and social policy must also take into account the fact that in some degree the future trend of our population is already fixed. This matter is being dealt with in the Report of the Economics Committee of the Royal Commission.

The memorandum presented to the Royal Commission by Dr. I. H. Pearse of the Pioneer Health Centre, Peckam, contains interesting observations based on a study of some 1500 families. The memorandum emphasises that it would be a mistake to conclude that the use of contraceptives is the predominating cause of the fall in the birth rate, which must be attributed to "some deeper underlying factor." Factors which must be considered in ascertaining the cause of the fall in the birth rate are the incidence of physical disorders and "devitalisation" in the community. Of the 5,911 individuals of both sexes examined at the Pioneer Health Centre in five years immediately preceding the outbreak of war, 90 per cent. had some pathological disorder. In the case of males, 14 per cent., and in the case of females, only 4 per cent., had no demonstrable physical disorder. In the case of females of child-bearing age practically none were free from physical disorder.

The memorandum comments on the part played by fear of pregnancy as a causative factor and stresses that better housing, children's allowances, and other improvements in social environment, though highly desirable, will not, of themselves, affect the desire for children.

The memorandum contains some interesting observations on the financial aspects of the problem. The commonest excuse for having only one child given by the parents of one child on going to the Centre, was that they were determined to give this child the best they could. This excuse was made equally by rich and poor so that the former visualised a future for their child which entailed the maximum use of their economic resources. In the words of the memorandum : "Their action seemed, in fact, to be determined more by what they could *not* do than by what they could do. The prevalence of this excuse points to the widespread adoption by the public of standards of achievement measured merely in material and economic terms."

Nutrition

The summary report of the Ministry of Health for the year ended 31st March, 1945, states that "the nutritional state of the population was kept under review during the year by clinical and dietary surveys similar to those of previous years, of people living in areas which have been subject to enemy action, factory workers and others of all ages in various parts of the country. A total of about 8,000 were examined. The findings indicate that the state of nutrition was well maintained." This opinion received further confirmation in the results of an investigation carried out by the Medical Research Council in 1943 which "revealed no increase in the prevalence of anaemia such as had been feared at an earlier stage in the war" and the summary report of the Ministry for 1944 contains the observation that "all the evidence supports the belief that the standard of nutrition has been well maintained."

The available statistics regarding the nutrition of the school children, would appear to indicate that the nutrition of the population of the Borough has not suffered during the war years. The table on page 29 demonstrates that a gradual improvement has taken place during the war years in the nutrition of the school children examined in the course of routine medical inspections. The number classified as being of normal nutrition has gradually risen from 77.51% in 1941 to 86.00% in 1945. On the other hand the number of children classified as being of bad nutrition gradually decreased from 0.91% in 1941 to 0.36% in 1943. In the years 1944 and 1945 no child's nutrition was so poor as to warrant its classification as bad. Towards the end of 1945 a nutrition survey was carried out in the course of which 4984 children were examined. Of these 4827 (96.85%) were classified as being of normal nutrition, and 157 (3.15%) as being of slightly sub-normal nutrition.

The Future Development of Hospitals.

In October, 1941, the Minister of Health in the course of a statement to the House of Commons announced his intention of initiating a survey of the hospital services. The report of the survey of the hospitals services of the North-Western Area was issued in 1945 and in November of that year a memorandum on the report, prepared by your Medical Officer of Health, was submitted to the Health Committee and the Maternity and Child Welfare Sub-Committee. The objects of the survey were to gather information concerning the hospital facilities normally available in the area, to assess the adequacy of these facilities, and to provide expert advice regarding the co-ordination and expansion of the existing facilities in the area. The views expressed in the report are the personal views of the surveying officers and "must not be taken as reflecting the official opinion of the Minister." The value of the survey lies in the fact that it renders available for the first time information about the extent and nature of the normal work of all the hospitals in the North-Western Area. The surveys conducted in other areas will make this information available in respect of the country as a whole and the knowledge thus gained will be particularly valuable now that the future health and hospital services of the nation are under discussion.

In their general remarks the surveying officers state that new provision for maternity and children should be regarded as urgent. The inadequacy of the maternity home provision in Leigh has been commented upon in previous annual reports of your Medical Officer of Health. The surveying officers are also of the opinion that "the long-term plan should not include building new special hospitals, such as maternity hospitals, women's hospitals, ear, nose and throat, eye, or cancer hospitals, which should rather take the form of departments of general hospitals."

In regard to maternity hospitals, however, medical opinion is not entirely unanimous as to whether these hospitals should be separate from or form part of a general hospital. Those who favour the former proposition think that if maternity homes are attached to general hospitals it will tend to encourage those who are pregnant to regard their condition in terms of disease rather than in terms of a normal physiological process. Those in favour of the latter proposition argue that a maternity department in a general hospital can be run more economically, and that specialist treatment is more readily available. The Departmental Committee on Maternal Mortality and Morbidity favoured the latter proposition.

The hospital provision for children in Leigh is most inadequate. The nearest children's hospital is in the Manchester area. The surveying officers consider that whether or not children's hospitals should be separate hospitals depends mainly on their size. They deem it probable that "outside Manchester and Liverpool, the number of beds required for children will not warrant the provision of separate children's hospitals."

The opinions expressed by the surveying officers in respect of the Leigh Infirmary, the Leigh Public Assistance Institution, the Firs Maternity Home, and Astley Sanatorium, were dealt with in the memorandum on the survey submitted to the Health Committee in November, 1945.

The results of the survey draw attention to the uneven distribution of specialists and to the fact that " the presence or absence of specialists in any particular place depends partly on its remoteness from or proximity to the main centres of Manchester and Liverpool." In other words the presence or absence of specialists in a particular area is related to factors other than the requirements of the area in regard to specialist services. Highly specialised work, such as, neuro-surgery, plastic surgery and radio-therapy, must be concentrated in a few main centres, but other specialists for example, general surgeons and physicians, should be distributed as widely as possible. The surveying officers are of the opinion that "in considering the specialist staffing of hospitals, the staffs should be regarded as being appointed to the district rather than to a particular hospital."

The opinion is expressed in the survey that hospitals should be on the outskirts rather than in the centre of a town. If, however, a hospital must be in a town "it should at least stand in a pleasant garden, and be sufficiently separated from noisy streets, smoke and ugly buildings." Some consider that the only hospitals which should be situated in towns are hospitals for the treatment of emergencies and out-patients. Others have drawn attention to the fact that hospitals too far removed from towns may encounter increased difficulties in regard to staffing problems.

The surveying officers attach great importance to the provision of ample sites for hospitals and, generally speaking, are in favour of new buildings rather than the extension and improvement of existing buildings "the temptation to add to and improve existing buildings, rather than start afresh, is very strong, but there comes a time when the continuation of this policy is unsound and when money so spent is largely wasted."

With regard to infectious disease hospitals, the surveying officers strongly favour the proposal that ultimately general hospitals should be provided with infectious disease departments. They consider this preferable to the concentration of infectious diseases in special hospitals, though in very large towns, which require an isolation hospital of a large size, for example, 400–500 beds, there may be a good case for a special infectious disease hospital. They condemn the small isolation hospital with no resident medical officer and state that anything less than two resident medical officers is unsatisfactory. The report draws attention to the difficulty of keeping smallpox hospitals in good condition if they remain empty for years. A striking sentence in the report reads as follows : "A considerable number of smallpox hospitals were visited and few of them could be regarded as fit for use."

The surveying officers consider there should be a closer liaison between the family doctor and the specialist than is sometimes found to exist, and, with this end in view, think "it is essential that general practitioners should in some way be more definitely linked to the general hospitals." The "cottage" or "family doctor hospital" where the general practitioner can treat under specialist supervision, "patients whose condition does not call for admission to a major hospital" is a useful institution.

With regard to transport the report foresees that "it may come to be regarded as a commonplace that a large hospital should have its own transport service for outpatients, visitors, staff and other purposes." In this connection it is as well to remember that whereas the arrangements for the transport of patients may be comparatively adequate, those for their relatives and friends are often far from satisfactory.

The report stresses the lack of proper provision for the chronic sick, both in regard to the attention they require and the conditions under which they are housed. There is need for considerable improvement in the accommodation, and medical and nursing staff provided for this type of patient. The surveying officers consider this matter requires "serious and urgent consideration in every area."

Smoke Pollution.

In regard to the problem of atmospheric pollution some have urged that smoke means work, the inference being that the greater the degree of pollution the higher will be the level of employment. This is a specious argument for the evasion of an important issue and a wholly futile approach to the problem. The methods advocated for the abatement of atmospheric pollution will in no way discourage the attainment of full employment. If steps are taken to ensure the purity of food and water it is not unreasonable that steps should also be taken to ensure that the air we breathe should also conform to certain standards of purity. The effort involved in effecting a substantial reduction in the degree of atmospheric pollution would be well repaid by improvement in the health of the community and in the amenities of its environment.

The high infant mortality and general death rates, together with the high incidence of respiratory diseases associated with the atmospheric pollution of our industrial areas should be sufficient in themselves to dispel any attitude of complacency or apathy towards this problem. To its adverse effects on health must be added the economic waste engendered by atmospheric pollution. One gains some idea of the waste involved by avoidable pollution of the atmosphere when one considers that the value of the 70,000 tons of carbon black discharged as soot each year into the atmosphere over London is £40 per ton. In addition there is the financial loss which results from damage to buildings and fabrics by the impurities of our atmosphere and also the increased laundry costs incurred by those resident in our industrial centres. It should not be forgotten that the pollution created by one town is not limited to the confines of that town, but is also a cause of pollution in the neighbouring rural and urban areas. In the Leicester Survey it is estimated that 10–40 per cent. of the pollution in Leicester arises from sources outside the town.

Any successful assault upon the problem of atmospheric pollution must take into account the pollution which results from domestic sources. It has been estimated that on the average about twice as much smoke per ton is made domestically as industrially. With the ordinary type of coal fire only about one-fifth of the heat in the coal is utilised, and for every ton of coal used nearly $\frac{1}{2}$cwt. is emitted from the chimney in the form of grit and smoke. We are now in the early stages of an enormous housing programme and the opportunity should not be lost of so arranging matters that all newly built houses are equipped with apparatus capable of burning smokeless or bituminous coal. This would constitute an immediate and important contribution to the alleviation of atmospheric pollution. The building of new towns provides another obvious opportunity for assisting the campaign for clean air. These towns should, as far as possible, be made smokeless from the start.

The Manchester Corporation Bill contains proposals for the creation of a smokeless zone in the centre of the city. Such zones have been criticised on the grounds that the area they comprise will still be subject to pollution from outside sources. The smoke problem is of such dimensions, however, that it must be tackled in a piecemeal manner, and such zones represent the initial stages of our advance towards freedom from avoidable pollution of the air we breathe.

The Manchester and Regional Smoke Abatement Committee, of which Leigh is a constituent member, and which suspended its operations in September, 1939, has commenced to function once again, and held its first post-war meeting on the 18th June, 1946. The Committee is a voluntary association of local authorities in Manchester and the surrounding area, and acts in an advisory capacity. There are 91 local authorities in the area including 2 county councils, and of these 68 authorities have joined, or resumed their membership of the Regional Committee. The membership in 1939 consisted of 53 authorities and the increase in membership may, perhaps, be looked upon as evidence of the greater interest now being taken by local authorities in the problem of smoke abatement.

The Department of Scientific and Industrial Research issued a report during 1945 on atmospheric pollution in Leicester. The report points out that smoke from our industrial areas spreads all over England and that we might even receive smoke from the Rhineland. An interesting paragraph in the report reads as follows : "At present, smoke abatement is a problem for local authorities. If there is a stage when some cities have achieved smokeless air before their neighbours the problem may become a national one. In certain circumstances, for instance, on the continent of Europe, it may even become an international problem."

It would be wise, however, to regard the problem as already calling for action on a national scale. Such action is desirable in respect of the standardisation of equipment for industrial and domestic use, the ensuring of adequate supplies of equipment and smokeless fuels, and the revision of the powers of local authorities.

We possess the knowledge necessary to abate the smoke menace and all that is required for success is the application of this knowledge. In this, as in many other spheres of human activity, however, there has has been a considerable lag between the acquirement of knowledge and its application for the benefit of mankind.

STATISTICS OF THE AREA.

Local Statistics.

The Borough covers an area of 6,359 acres.

The Registrar-General's estimate of the resident population at mid-year 1945, was 43,600.

Population (Census) 1931	45,317
No. of inhabited houses, end of 1945 according to rate books	13,923
Rateable value	£241,696
Sum represented by Penny Rate	£940

Comments on Vital Statistics.

The Acute Infectious Diseases.

The acute infectious diseases were responsible for four deaths in 1945, one of these being due to measles and the other three to cerebro-spinal fever. There were no deaths from diphtheria or whooping cough, and the deaths caused by influenza numbered four compared with eleven in 1944. Further comment on the acute infectious diseases is contained in the section of this report dealing with the prevalence of infectious disease.

Cancer.

The total number of deaths from cancer in 1945 was 72 compared with 83 in the previous year. The table on page 18 shows that the number of deaths from cancer in each of the defined categories was less than the corresponding number for 1944.

Heart Disease.

The number of deaths from heart disease was 114 and this represents a considerable increase in the mortality from this cause. The deaths from heart disease in 1944 numbered 87. Heart disease still ranks as the principal cause of mortality, the next most important cause being cancer. The number of deaths due to intra-cranial vascular lesions numbered 47 in 1945 compared with 59 in 1944.

Infant Mortality Rate.

The table on page 19 gives an analysis of the age and certified cause of death of the 51 infants who died during 1945.

Prematurity was again responsible for the greatest number of deaths in infants. Sixteen out of the 51 deaths were due to this cause. The infant mortality rate (the number of deaths of infants under one year per 1,000 registered live-births) of 61 represents an increase over last year's figure of 54 though it is less than the figure of 66 for the year 1944.

The scheme for the care of premature infants outlined in previous reports has been continued. The scheme provides for the immediate notification of premature births by telephone, the loan of equipment, the provision of breast milk and the admission of such infants to hospital. During the year Dr. M. L. Thomson, of Manchester, was appointed consultant paediatrician and his services are available, free of cost, for any infant in the borough up to the age of twelve months.

The relation between nutrition and still-births, neo-natal deaths and maternal health is fully appreciated and every endeavour is made at the various clinics to ensure that full use is made of the priority foods available for children and mothers. The medical and nursing staff are constantly stressing the importance of adequate nutrition.

The maternal mortality rate (the number of deaths of women ascribed to pregnancy or childbirth per 1,000 registered live and still-births) was 3.52 and is similar to the rate of 3.40 for the year 1944. The maternal mortality rate for England and Wales is 1.79. The three maternal deaths were due to obstetric shock, pneumonia and puerperal septicaemia, and toxaemia of pregnancy.

General Death Rate.

The death rate for 1945, was 12.5, which represents little change from the rate of 12.75 for the year 1944. The rate in England and Wales for 1945 was 11.4. Of the 545 deaths which occurred during 1945, 299 (54.86%) occurred in persons 65 years or over.

The number of deaths due to bronchitis, pneumonia, ulcer of the stomach, appendicitis and nephritis which occurred in 1945 shows little variation from the number of deaths due to these causes which occured in the previous year. Two deaths were caused by road traffic accidents, and this represents a decrease of three on the figure for the year 1944. The number of deaths from suicide also showed a decrease. There were three deaths due to this cause in 1945 the figure for 1944 being five.

STATISTICS FOR THE YEAR, 1945.

Extracts from Vital Statistics.

Live Births		Male	Female	Total	Birth Rate 18.83	
	Legitimate	391	375	766		
	Illegitimate	24	31	55		
	Total	415	406	821		
Still Births		Male	Female	Total	Still Birth Rate 0.66	
	Legitimate	15	7	22		
	Illegitimate	4	3	7		
	Total	19	10	29		
Deaths of Infants under 1 yr.		Male	Female	Total	Infant Mortality Rate (per 1000 registered live-births) 62	
	Legitimate	24	24	48		
	Illegitimate	1	2	3		
	Total	25	26	51		
Deaths		Male	Female	Total	Death Rate 12.5	
		294	251	545		
Maternal Deaths	Puerperal Sepsis			1	Maternal Mortality Rate 3.52	
	Other maternal causes			2		
	Total			3		
Principal Causes of Mortality		1945	1944	1943	1942	1941
	Heart Disease	114	87	95	67	69
	Cancer..	72	83	73	70	60
	Intra-cranial vascular lesions	47	59	65	69	60
	Bronchitis....	55	55	44	48	36

STATISTICS OF THE AREA, 1945.

Analysis of Infant Mortality

Causes of Death as Stated on the Death Certificate	*No. of Deaths*	*Ages at Death*
Broncho-pneumonia	8	1 week (2), 1 mth.(1), 2 mths. (1), 3 mths (2), 4 mths (1), 5 mths (1)
(*a*) Broncho-pneumonia (*b*) Heart failure	1	2 weeks.
(*a*) Broncho-pneumonia (*b*) Bronchitis	1	3 months.
(*a*) Broncho-pneumonia (*b*) Enteritis	1	2 weeks.
(*a*) Broncho-pneumonia (*b*) Convulsions	1	10 months.
(*a*) Acute Bronchitis (*b*) Syncope	1	2 weeks.
(*a*) Acute Bronchitis (*b*) Myocardial failure	1	1 month.
(*a*) Bronchitis (*b*) Congenital defects (*c*) Heart failure	1	1 month
(*a*) Broncho-pneumonia (*b*) Spina-bifida	1	11 months.
(*a*) Prematurity (*b*) Congenital heart disease	1	4 hours.
(*a*) Premature birth (*b*) Marasmus	2	12 hours, 2 weeks.
Prematurity	8	3 hrs. (1), 6hrs. (1) 1 day (3), 2 days (1), 4 days.(1), 2 weeks (1)
(*a*) Prematurity (*b*) Toxaemia of pregnancy Atrophic umbilical cord	2	1 day, 2 days.
(*a*) Prematurity (*b*) Respiratory failure	1	1 day.
(*a*) Prematurity (*b*) Atelactasis	1	4 days.
(*a*) Prematurity & Atelactasis (*b*) Triplet pregnancy	2	18 hours, 4 days.
Congenital valvular disease of heart	1	1 hour
Acute Gastro-enteritis	4	2 weeks, 3 weeks, 1 mth, 10 mths
Haematemesis	1	1 week.
(*a*) Collapse (*b*) Underweight and arrested development (*c*) Small placenta	1	1 day.
Otitis Media	1	9 months.
Icterus gravis	1	3 weeks.
Icterus Neonatorum	1	1 week.
Dysentery	1	6 months.
Purulent meningitis	1	7 months.
(*a*) Jaundice (*b*) Congenital syphilis	1	2 months.
(*a*) Bilateral Otitis Media (*b*) Gastro-enteritis	1	5 months.
(*a*) Intracranial haemorrhage (*b*) Prolonged labour	1	15 minutes.
(*a*) High intestinal obstruction (*b*) Congenital atresia of duodenum and non canalisation of ilium	1	1 week.
Tuberculous Meninigitis	1	7 months.
Meningococcal Meningitis	1	6 months.
Total	**51**	

The figures in brackets indicate the number of children who died at the age specified.

STATISTICS FOR THE AREA, 1945.

Statistics for 1945, 1944 and the period 1940—1944

BOROUGH OF LEIGH	Per 1000 Estimated Population				Maternal Mortality Rate		Infant Mortality Rate
	Live Birth Rate	Crude Death Rate	Death Rate from Respiratory Tuberculosis	Death Rate from Cancer	Rate per 1000 live births	Per 1000 total live and still births	per 1000 live births
Mean of 5 years (1940 to 1944)	18.1	12.7	0.44	1.57	2.70	2.59	61
Year 1944....	19.3	12.7	0.29	1.90	3.55	3.40	54
Year 1945....	18.8	12.5	0.29	1.65	3.65	3.52	62
Increase or decrease in 1945 on 5 years average (1940 to 1945)	+0.7	—0.2	—0.15	+0.08	+0.95	+0.93	+1
Increase or decrease in 1945 on 1944	—0.5	—0.2	nil	—0.25	+0.10	+0.12	+8

STATISTICS FOR THE AREA, 1945

Causes of Death

	Cause of Death	Males	Females	Total
1.	Typhoid fever, etc.	—	—	—
2.	Cerebro-spinal fever	1	2	3
3.	Scarlet fever	—	—	—
4.	Whooping Cough	—	—	—
5.	Diphtheria	—	—	—
6.	Respiratory Tuberculosis	12	1	13
7.	Other Tuberculosis	3	1	4
8.	Syphilis	3	—	3
9.	Influenza	3	1	4
10.	Measles	1	—	1
11.	Acute Poliomyelitis and Polio Encephalitis	—	—	—
12.	Acute inf. encephalitis	1	—	1
13.	Cancer—b. cav. & oesoph (M) uterus (F)	4	3	7
14.	,, stomach and duodenum	9	7	16
15.	,, breast	—	5	5
16.	,, other sites	31	13	44
17.	Diabetes	3	2	5
18.	Intra-cran. vasc. lesions	22	25	47
19.	Heart disease	61	53	114
20.	Other diseases of circulatory system	16	7	23
21.	Bronchitis	32	23	55
22.	Pneumonia	14	10	24
23.	Other respiratory diseases	4	7	11
24.	Ulcer of stomach or duodenum	2	1	3
25.	Diarrhoea (under 2 years)	4	1	5
26.	Appendicitis	2	1	3
27.	Other digestive diseases	3	11	14
28.	Nephritis	9	9	18
29.	Puerperal & post abortive sepsis	—	1	1
30.	Other maternal causes	—	2	2
31.	Premature birth	9	7	16
32.	Con. Mal. birth inj. Inft. dis	3	8	11
33.	Suicide	2	1	3
34.	Road traffic accidents	2	—	2
35.	Other violent causes	8	2	10
36.	All other causes	30	47	77
	TOTALS....	294	251	545

STATISTICS FOR THE AREA, 1945

Birth-rate, Death-rate, and Analysis of Mortality.

	Birth-rate per 1,000 total population.		Annual Death-rate per 1,000 Population.								Rates per 1,000 live Births.	
	Live Births	Still Births.	All Causes.	Enteric Fever.	Small-pox	Measles.	Scarlet Fever.	Whooping Cough.	Diph-theria.	Influenza.	Diarrhœa and Enteritis (under 2 years).	Total Deaths under 1 Year.
Leigh	**18·8**	**0·66**	**12·5**	**0·00**	**0.00**	**0·02**	**0·00**	**0·00**	**0·00**	**0·09**	**6·09**	**62**
England and Wales	16·1	0·46	11·4	0·00	0·00	0·02	0·00	0·02	0.02	0·08	5·6	46
126 Great Towns, including London (Census Populations exceeding 50,000)	19·1	0·58	13·5	0·00	0·00	0·02	0·00	0·02	0·02	0·07	7·8	54
148 Smaller Towns (1931 Adjusted Populations 25,000—50,000) ...	19·2	0·53	12·3	0·00	0·00	0·02	0·00	0·01	0·02	0·07	4·5	43
London	15·7	0·40	13·8	0·00	0·00	0·01	0·00	0·02	0·01	0·07	7·6	53

STATISTICS FOR THE AREA, 1945.

Statistics Regarding Illegitimate Children.

Year	1936	1937	1938	1939	1940	1941	1942	1943	1944	1945
Population	45,540	46,100	46,200	46,210	45,240	45,460	45,060	44,260	43,590	43,600
No. of Illegitimate Births	15	19	21	18	21	35	24	39	39	55
Percentage of Illegitimate births to total births	2.56	4.31	2.98	1.60	2.96	4.21	2.91	4.89	4.61	7.18
Mortality rate for illegitimate births	200	105	47	111	47	171	42	26	51	54
Mortality rate for Legitimate births	77	69	55	70	70	64	52	68	54	62
Infant mortality rate	80	70	55	71	69	68	52	66	54	62

STATISTICS FOR THE AREA, 1945.

Leigh Birth Rate during 1914-1920 and 1939-1945

Year	1914	1915	1916	1917	1918	1919	1920
Rate	26.92	24.15	21.76	19.39	21.05	21.03	26.40
Year	1939	1940	1941	1942	1943	1944	1945
Rate	14.58	15.49	18.12	18.30	19.79	19.00	18.83

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA

Staffing.

In accordance with section six of the Education Act, 1944, "all officers employed by the Councils of their authority solely or mainly for school medical work must be transferred to and become officers of the Local Education Authority for the County." The Lancashire County Council, as an authority under the Act determined that "those who are engaged for two-thirds or more of their time in school medical work should be transferred, taking the proportion of salary charged to the Education Authority as the basis of this allocation." Accordingly the Assistant School Medical Officer (who is also the Assistant Medical Officer of Health), the School Dentist, the dental attendant and two clerks (Miss H. Mulrooney and Mrs. D. Cunningham) were transferred to the Lancashire County Council. The County Council also determined that where officers have duties to perform for the county district other than school medical duties they should continue to perform those duties, "a proportionate payment being made to the Lancashire County Council based on the present salary."

Those full-time officers who were employed for less than two-thirds of their time in school medical work were seconded to the Lancashire County Council service, the County Council making a payment to this Authority based on the amounts of the salaries of such officers which were previously paid by the Education Committee. Your Medical Officer of Health (who is also School Medical Officer), the five School Nurses (who are also Health Visitors) and two clerks (Miss H. M. Dixon and Miss D. Overton) were thus seconded.

The Lancashire County Council agreed that those officers of the staff of the Leigh Health Department, who were transferred to the County Council could continue to perform those duties other than school medical, which they were already performing prior to the date on which the Education Act took effect. Therefore, the new arrangements made under this Act did not result in any administrative difficulties in respect of the services administered by the Health Department.

Difficulty in obtaining nursing staff necessitated the closing of the maternity home from 20th August, 1945 to 23rd October, 1945. As is well known there is a national shortage of nursing and domestic staff for hospitals and similar institutions. The statement entitled *Staffing the Hospitals : An Urgent Need,* issued towards the end of 1945 by the Minister of Health, the Secretary of State for Scotland, and the Minister of Labour and National Service estimated the present shortage of nurses at 30,000 (one-eighth of the number of nurses required to staff the existing nursing services of the country) and observed that there are "about 12,000 immediate vacancies, mainly for women, in domestic and other work in hospitals."

This statement also points out that future development in the health services will further increase the demand for nurses and other hospital workers. The present shortage is not due to a fall in the rate of recruitment but to an increase in demand, which is a result of the growth of the health services of the country. The improvement in the conditions of service of hospital workers should do much to meet the increased demands, and to diminish the number of those nurses who fail to complete their course of training. It has been estimated that more than 50% of those who commence training as nurses give up before their training is completed.

Dr. B. Howarth, the Assistant Medical Officer of Health and Assistant School Medical Officer, resigned her appointment in June, 1945, to join the Indian Medical Service. The vacancy thus created was filled by the appointment of Dr. D. J. Fraser.

One Sanitary Inspector (Mr. G. Keaveny) resigned in May, 1945 and another (Mr. J. Mather) in November. Neither of these vacancies had been filled at the end of the year.

Mr. S. Cunningham, Senior Clerk, died during the year whilst on service with His Majesty's Forces. Miss H. M. Dixon is performing the duties of acting Senior Clerk.

Laboratory Facilities.

There has been no change in the laboratory facilities outlined in my Report for 1944. Particulars of the material submitted to the laboratory at the Royal Infirmary Wigan are set out in the table on page 26. Samples of milk for bacteriological examination and the phosphatase test, of water for chemical examination, and blood for the Wassermann reaction, were submitted to the Public Health Laboratory, Manchester. The results of the examination of the samples of milk and water will be found in the appropriate section of this report.

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA, 1945.

Material Submitted for Bacteriological Examination.

Material	*Positive*	*Negative*	*Total*
1. Swabs—			
Throat			
(*a*) C. diphtheriae	6	52	58
(*b*) H. streptococci	—	9	9
Nose (C. diphtheriae)	—	2	2
2. Faeces (pathogenic organisms)	—	4	4
3. Widal Reaction	1	—	1
TOTAL	7	67	74

Ambulance Service.

The Council provides an ambulance for the residents of the Borough. The service is administered by the Medical Officer of Health, and is free up to a distance of 15 miles. Beyond this distance there is a charge of 6d. per mile. Normally the ambulances are available for distances up to a radius of 50 miles.

The Council possesses four ambulances which are manned by eleven drivers who work under the supervision of the ambulance superintendent.

The service is available for the removal of all cases of illness with the exception of cases of infectious diseases. The Leigh Joint Hospital Board undertakes their removal. A medical certificate, stating that an ambulance is necessary must be produced before an ambulance is made available. This condition is, of course, waived in the case of accidents and other exceptional circumstances.

The ambulances covered a total distance of 38,047 miles during 1945. The distance covered in 1944 was similar, namely 38,829 miles. The petrol drawn during the year was 3,684 gallons and the amount drawn in 1944 was 3,789 gallons. The large amount of work performed by this service during the year under consideration is set out in the table on page 27. Use is made of this service for the transport of the domiciliary midwives in cases of urgency, and at those times when the normal methods of transport are not available.

GENERAL PROVISION OF HEALTH SERVICES, 1945.

Ambulance Service.

No. of cases conveyed :—	
(*a*) To and from local institutions—	
Leigh Infirmary	5614
Public Assistance Institution	163
(*b*) To and from institutions outside the Borough—	
Manchester Royal Infirmary	56
St. Mary's Hospitals, Manchester	179
Hope Hospital	12
Royal Albert Edward Infirmary, Wigan	45
Salford Royal Infirmary	30
Bolton Infirmary	13
Manchester Royal Eye Hospital	116
Christie's Hospital, Manchester	59
Royal Manchester Children's Hospital	90
Other Manchester Hospitals	60
Other Hospitals	57
(*c*) Other causes (mortuary, pit accidents, etc.)	34
(*d*) Total number of cases dealt with (excluding transport of Midwives)	6528
(*e*) Transport of domiciliary midwives	194
(*f*) Mileage covered	38,047
(*g*) Petrol drawn (gallons)	3,864

Nursing in the Home.

Three Queen's Nurses are provided by the Leigh District Nursing Association. The Association's Report for the year ended 31st March, 1946, shews that the nurses paid 13,701 visits to 628 cases. The conditions nursed included 25 cases of cancer, 20 cases of cardiac disease, 23 cases of cerebral haemorrhage, 15 cases of pneumonia, 7 cases of pernicious anaemia, 30 cases of infestation with thread worms, 6 cases of carbuncles, 66 cases of constipation, 105 surgical dressings, 32 cases of abscesses, 11 cases of bronchitis, 6 cases of burns, 8 cases of diabetes, 11 cases of fractures, and 69 patients suffering from gynaecological conditions. In addition 40 cases of senility received attention.

The car provided by the Leigh Rotary Club last year is still giving useful service.

Treatment Centres and Clinics.

Orthopaedic cases are sent to the Lancashire County Council's orthopaedic clinic at Tyldesley. If they require hospital treatment they are referred from this clinic to the Lancashire County Council's hospital at Biddulph Grange.

The clinic established for the treatment of scabies continues to function on the lines indicated in previous reports. Benzyl Benzoate is the therapeutic agent normally employed and two applications are usually given. The leaflet prepared by the Central Council for Health Education on scabies and impetigo is handed to patients attending the clinic. The number of cases who attended for treatment was 319 and this represents a considerable reduction on last year's figure. Of this number 58 were pre-school children, 150 school children and 111 adults. The total number of cases which attended in 1944 was 415. Of these 81 were pre-school children, 154 school children and 180 adults. Many patients express satisfaction at the quick alleviation of their symptoms brought about by treatment.

The Tuberculosis Dispensary in the Borough is situated in Church Street and is staffed by the Lancashire County Council. There are several clinics in the neighbourhood of Leigh where patients may obtain treatment for venereal disease. The tables on pages 29 to 32 illustrate the work of the various clinics of the Health Department of the Borough.

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA, 1945.

Pre-School Children Treated at Clinics.

Nature of Treatment	*Number of individual children treated*	*Number of Attendances*
Minor ailments	122	379
Ultra violet ray therapy	33	550
Dental	18	23
Orthopaedic	10	10
Operative (tonsils and adenoids)	7	7
Orthoptic	2	2
TOTAL	192	971

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA, 1945.

Nutrition of School Children.

Year	*Excellent* %	*Normal* %	*Slightly Sub-normal* %	*Bad* %
1941	0.51	77.51	21.02	0.91
1942	0.36	81.67	17.00	0.89
1943	2.12	84.75	12.77	0.36
1944	5.10	85.82	9.08	—
1945	7.8	86.00	6.20	—

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA, 1945.

Work of Minor Ailment Clinics.

Defects	*Stone House*	*Coal Pit Lane*	*Nangreaves Street*	*Chapel Street*	*Totals*
Skin diseases	77	35	54	39	205
Eye	13	59	3	13	88
Ear	11	131	20	14	176
Miscellaneous (minor injuries, bruises, sores, etc.)........................	86	12	173	149	420
Total no. of defects	187	237	250	215	889

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA, 1945.

Refraction Clinic.

Work done

No. of children dealt with at clinic	106
No. of clinics held	27
Spectacles prescribed	67
Spectacles supplied	65

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA, 1945.

Nose, Throat and Ear Clinic.

Suspected Defect	*Number of Cases referred for treatment*	*No. of Cases referred for observation*	*No. of Cases which, after investigation, did not require treatment*
Infected antrum and tuberculous cervical adenitis	1	—	—
Tonsils and adenoids	122	—	5
Tonsils	11	—	—
Adenoids	1	—	—
Otitis media	12	9	—
Trauma of nose	1	—	—
Dislocated septal cartilage	1	—	—
Retraction of tympanic membrane	3	—	—
Deafness (cerumen)	3	—	—

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA, 1945.

Ultra Violet Ray Clinic.

Disease	*School Children*	*Pre-School Children*
Asthma	3	—
Debility	15	28
Bronchitis	11	2
Catarrh	1	—
Bone Defect	—	1
Cervical adenitis	—	1
Post-pneumonia	—	1
Curvature of Spine	1	—
TOTAL	31	33

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA, 1945.

Orthopaedic Clinic.

Defect	*No. of Cases*	*Cases which received in-patient treatment at Biddulph Grange Orthopaedic Hospital*
Arthritis L. knee (Sub-Acute)	1	Admitted to hospital 6/7/45 and still in hospital 31/12/45.
Eversion right foot	1	
Acute Poliomyelitis lower leg	1	Admitted to hospital 27/4/45. Discharged 31/8/45.
Fixed Dorsal Kyphosis	1	Admitted to hospital 6/7/45. Discharged 30/11/45.
Paralysis right upper arm (Acute Poliomyelitis)	1	Admitted to hospital 2/2/45 and still in hospital 31/12/45.
Paralysis right upper arm (birth palsy)	1	Admitted to Hospital 7/1/44. Discharged 7/12/45.
Talipes equinovarus	1	
Spastic paraplegia	1	Admitted to hospital 1/9/44. Discharged 2/2/45.
Paralysis left leg (acute poliomyelitis)	1	Admitted to hospital 1/9/44. Discharged 2/2/45.
Flat feet	4	One admitted to hospital 27/4/45 and discharged 6/7/45.
Scoliosis	1	Admitted to hospital 27/4/45. Discharged 31/8/45.
Knock knee	1	
Infantile paralysis	1	Admitted to hospital 31/8/45 and still in hospital 31/12/45.
Defective posture	1	
Flat feet and genu varum	1	Admitted to hospital 21/9/45. Discharged 2/11/45.
Congenital deformity of feet	1	
Adduction of fore feet	2	One admitted to hospital 7/9/45 and still in hospital 31/12/45.
Anterior poliomyelitis right leg	1	Admitted to hospital 22/6/45. Discharged 6/10/45.
Congenital deformity of chest	1	
Congenital deformity of both legs	1	Admitted to hospital 5/1/45. Discharged 7/9/45.
Congenital dislocation of right hip	1	
Right cavus foot with slight valgus	1	

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA, 1945

Clinics held in the Borough

Nature of Clinic.	Monday a.m.	Monday p.m.	Tuesday a.m.	Tuesday p.m.	Wednesday a.m.	Wednesday p.m.	Thursday a.m.	Thursday p.m.	Friday a.m.	Friday p.m.	Saturday a.m.
Minor Ailments	Stone Hse. Chapel St. Coal Pit Lane		Stone Hse. Nangreaves St.		Stone Hse. Coal Pit Lane Chapel St.		Stone Hse. Nangreaves St. Chapel St.		Stone Hse. Coal Pit Lane Chapel St.		**Stone Hse. Nangreaves St. Coal Pit Lne**
Child Welfare		Stone House		Chapel St.		Coal Pit Lane Nangreaves St.					
Ultra Violet Ray				Stone House						Stone House	
Pre-natal				Coal Pit Lane		Stone House		Nangreaves St. Stone Hse. 'Firs' Patients		Chapel St.	
Refraction							Stone Hse.				
Operative (Tonsils & Adenoids)									Leigh Infirmary		
Scabies	Stone Hse.		Stone Hse. (If necessary clinics are held at other times for the convenience of adults.)		Stone Hse.		Stone Hse.		Stone Hse.		Stone Hse.
Tuberculosis Dispensary			Also open on the second Thursday in each month at 6-30 p.m.		Church Street				Church Street		
Nose, Throat and Ear											Stone Hse. fortnightly.
Consultant Obstetrician		Stone Hse. fortnightly									
Immunisation	Held at Stone House as required.										
Orthopaedic	Held at Lancashire County Council's clinic at Tyldesley. Consultant's Session—second Wednesday in each month.										
Dental	Held at Stone House morning and afternoon Monday to Friday, and Saturday morning.										

Availability of Clinic Facilities.

All the facilities provided for the school children of the Borough are available to pre-school children suffering from dental, orthopaedic and other defects. Dental treatment is available for expectant mothers.

Day Nursery.

The Institution of the National Nursery Certificate and of a standard course of training should do much to improve the status and efficiency of the nursery nurse. Considerable difficulty was experienced during the year in obtaining nursery assistants. The staff consists of a matron, a deputy matron, warden and eight nursery assistants. The Matron is a State Registered Nurse and the deputy matron a qualified nursery nurse. At the time of their appointments the staff are medically examined to ensure that from a medical point of view they are suitable persons to have the care of young children. Difficulty was also experienced during the year in obtaining an adequate supply of toys.

In October, 1945, the nursery ceased to provide residential facilities and became a day nursery. The nursery is closed each week end from 12 noon on Saturday till Monday morning.

During the year 106 children attended the Nursery. There were 72 new admissions to the Nursery during 1945. Of these, 40 were under and 32 were over two years. The number of children who contracted measles, whooping-cough, scarlet fever and chickenpox was 6, 2, 1 and 6 respectively. One case of scarlet fever and three of chickenpox occurred in children under the age of two years. The remaining cases occurred in children over the age of two years. Fourteen of the children attending the nursery were immunised against diptheria and seven against whooping cough.

Great care is taken to ensure that each child receives a correct diet. No difficulty is experienced in getting all the children to take their cod liver oil and fruit juice supplements. This is a striking and interesting contrast to the difficulty which many of the parents of children who attend the child welfare centres appear to have in persuading their children to take these valuable supplements. Children who are under-nourished on admission very soon shew an improvement in their physical condition.

Hospitals.

The accommodation at the Municipal Maternity Home (18 beds) again proved inadequate to meet the needs of the district. During the year 20 prospective patients were refused admission owing to lack of accommodation. The number of patients refused admission in the years 1941, 1942, 1943, and 1944 was 107, 122, 165, and 153 respectively. The available accommodation for institutional midwifery is clearly insufficient.

The Secretary of the Leigh Infirmary informs me that during the year ended 31st March, 1945, 2,044 persons were admitted as in-patients and 17,278 as new out-patients. The corresponding figures for 1944 were 2,185 and 19,782 respectively. The number of attendances made by the out-patients for the year under consideration was 43,591 compared with 44,685 in the previous year. During the year a new X-ray plant was installed.

Cases of infectious disease are accommodated at Astley Sanatorium, which is administered by the Leigh Joint Hospital Board. The Council makes a payment to the Manchester Royal Eye Hospital in respect of infants from the borough admitted with ophthalmia neonatorum and children referred to the hospital for orthoptic therapy.

Since 1940 the Council has accepted financial responsibility for obstetrical emergencies and abnormalities receiving in-patient treatment at St. Mary's Hospitals, Manchester, and Hope Hospital, Salford.

Particulars of the cases for which the Borough of Leigh accepted financial responsibility are shewn in the tables on pages 35 and 36.

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA, 1945.

Abnormalities Admitted to Hope Hospital.

Number of Cases.	*Reason for Admission*
1	Haemorrhage following abortion
1	Pre-eclamptic toxaemia
1	Premature delivery
1	Spontaneous abortion
1	Hydramnios. Anencephalic foetus
1	Ante-partum haemorrhage
1	Normal delivery—admitted during temporary closure
3	of the Firs.
1	Normal delivery stillbirth—no home facilities

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA, 1945.

Abnormalities Admitted to St. Mary's Hospitals

Number of Cases.	*Reason for Admission*
7	Breech presentation
1	Brow presentation—Caesarian section
1	Retained twin
1	Albuminuria, hypertension
1	Post maturity
1	Foetal distress—Caesarian section
1	Pre-eclamptic toxaemia and chronic bronchitis
2	Hydramnios
1	Delayed labour—contracted pelvis
3	Delayed labour
2	Bad obstetrical history and Breech presentation
1	Bad obstetrical history. Right ophorectomy
2	Bad obstetrical history
5	Caesarian Section
1	Toxaemia—Caesarian Section
1	Delayed labour—Caesarian Section
1	Retained placenta
3	Toxaemia of pregnancy
1	Severe Anaemia
1	Threatened abortion (Pregnancy complicated by fibroids)
1	Toxaemia of pregnancy & twins
1	Toxaemia for induction
3	Placenta praevia
5	Trial labour
1	Contracted pelvis
3	Ante-partum haemorrhage
1	Complete abortion
1	?
1	Breech with extended legs
2	Hyperemesis
1	Anaemia of pregnancy
1	Rigid pelvic floor
2	Failed forceps
1	Acute-partum haemorrhage
1	P.P.H. & severe obstetrical shock in previous pregnancy
1	Anencephalic foetus
1	Chronic rheumatic heart disease
1	Triplet pregnancy
2	Prolonged labour
1	Previous myomectomy
1	Cardiac disease
1	Retroverted uterus and retention of urine following confinement.
1	? Ectopic pregnancy
1	Mitral stenosis
2	Pre-eclamptic toxaemia
1	Ante-partum haemorrhage

Midwifery.

The increased work of the domicilairy midwifery service necessitated the appointment of an additional midwife during the year.

The domiciliary municipal midwives attended 413 cases in 1945, an increase of 42 on the previous year's figure of 371. Of these 261 were delivered by the midwife and in the remaining cases she assisted the medical attendant. The midwife in private practice in the borough attended 111 cases. She assisted the medical attendant in 16 and delivered the remainder herself.

During the year 203 mothers were granted dockets for sheets under the terms of Circular 154/44.

The tables on page 39 and 40 give an analysis of the reasons for which the domiciliary and independent midwives requested medical aid.

During the year, 327 patients were admitted to the municipal maternity home. In suitable cases the length of stay was reduced from 14 days to 10 days in order to make it possible to admit a greater number of patients. The table on page 40 gives details of the work done in the Home, and of the abnormalities encountered in the patients admitted. The practice of using dust-laying oils, at the Maternity Home for the treatment of bedding and floors has been continued during the year.

As has already been stated the maternity home was closed for a period of eight weeks owing to difficulty in obtaining nursing staff. During the period of closure the home was decorated at a cost of £514.

During 1944 the fees payable for patients admitted to the Firs Maternity Home were increased. The details regarding the increased fees are set out in Appendix A of this report.

The Emergency Maternity Unit, stationed at St. Mary's Hospitals, Manchester, was called out on one occasion. Retained placenta and intrapartum haemorrhage was the reason for its use.

Home Help Scheme.

The Home Help Scheme provides domestic assistance in the home of the mother who has just been confined and in circumstances where the presence of sickness makes the provision of such assistance desirable. One whole-time and one part-time home help were available during 1945. Difficulty was experienced in recruiting suitable persons to act as part-time home helps. The helpers are available either for cases requiring assistance because of confinement or for cases requiring domestic help because of illness in the household. In each case records are kept of the service rendered and of the circumstances which necessitated the request for help. The demand for the facilities afforded by this scheme have not been as great as was anticipated. A Health Visitor visits each household as soon as the request for assistance is received.

During the year assistance was provided in three households where there had been a recent confinement and in eleven households where there was illness or infirmity. In three out of these eleven cases requests for help were made because of infirmity due to senility. In another case help was given because the mother of several children was temporarily incapable of performing her household duties because of a severe skin affection of her hands. In two cases the father of the family was permanently incapacitated by a severe chronic illness (cancer, and disseminated sclerosis) and his wife was temporarily incapacitated by influenza. The illnesses in the remainder of the eleven cases were heart disease, phlebitis, nervous breakdown, asthma, cystitis.

Illegitimate Children.

Following the receipt of circular 2866 issued by the Ministry of Health in October, 1943, the Borough of Leigh, as an autonomous maternity and child welfare authority, co-operated with the Lancashire County Council in operating a scheme for the care of illegitimate children. The details of the scheme are contained in appendix B of this report. Three cases were dealt with under the scheme during 1945.

A close liaison exists between the Moral Welfare Worker of the Leigh, Atherton and Tyldesley Council for Moral Welfare and the staff of the Health Department.

The table on page 23 gives some statistics regarding illegitimate children. It will be seen from this table that the number of illegitimate births has shown a great increase during 1945. There were 55 illegitimate births during the year under review compared with 39 in 1944. This represents the greatest number of illegitimate births in any single year during the war period. The percentage of illegitimate births to legitimate births increased from 4.61 in 1944 to 7.18 in 1945. The mortality rate for illegitimate births was, however, less than the rate for legitimate births. The rate for illegitimate children was 54 and for legitimate children 62.

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA, 1945.

Abnormalities for which Domiciliary Midwives Requested Aid.

Nature of Abnormality as Stated on Medical Aid Form	*Number*
Twin pregnancy	2
Purulent discharge left eye	5
Ruptured perineum	15
Lacerated perineum	28
Delayed 2nd stage	29
Torn labia	1
Baby vomiting every feed	1
Premature birth	8
Rise of temperature 3rd and 5th day	13
Uterine inertia	3
Pyrexia	3
Threatened abortion	6
Dangerous feebleness	1
Retained placenta	3
Albumin in urine	6
Miscarriage	8
Premature twins	2
Precipitate labour	1
Toxaemia of pregnancy	1
Emergency B.B.A.	1
Abortion	5
Jaundice	1
Painful left leg.	1
Loss of blood (26 weeks)	2
Premature stillbirth	1
Prolonged labour with foetal distress	1
Perineal tear	5
Urine not clear	1
? Placenta praevia	1
Prolapsed cord and uterine inertia	1
Emergency breech in primipara (Forceps delivery of head)	1
Disproportion, head well above brim	1
Acute abdominal pain	1
Rapidity of pulse and tenderness of breast	1
Stillbirth B.B.A.	1
Severe pains in right side	1

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA, 1945.

Abnormalities for which Independent Domiciliary Midwife Requested Aid

Nature of Abnormality as Stated on Medical Aid Form	*Number*
Torn perineum	9.
Delayed labour	10.
Retained placenta	2.
Post partum haemorrhage	3.
Abortion	4.
Urine not clear	2.
Premature twins	1.
Heart trouble	2.
Bleeding from mouth	1.
Sickness, premature baby	1.
Jaundice	1.

GENERAL PROVISION OF HEALTH SERVICES, 1945.

Firs Maternity Home.

Patients admitted	327
Live births	317
Still births	8
Total births	325
Normal deliveries	287
Instrumental deliveries	38
Patients X-rayed	21
Mothers transferred before delivery :—	
To Hope Hospital, Salford	—
To St. Mary's Hospitals, Manchester	9
Mothers transferred after delivery :—	
To Astley Sanatorium	5
Infants transferred :—	
To Hope Hospital	1
To the Royal Manchester Children's Hospital, Pendlebury	5

Health Visitors.

Five full-time Health Visitors are employed by the borough. Each Health Visitor is also a School Nurse. The table on page 41 summarises the visits paid by the Health Visitors during 1945.

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA, 1945.

Visits paid by Health Visitors.

Visits to expectant mothers :—	
(*a*) First visits	24
(*b*) Total visits	24
Visits to children under 1 year of age :—	
(*a*) First visits	505
(*b*) Total visits	1174
Visits to children between ages of 1 and 5 years :—	
(*a*) First visits	46
(*b*) Total visits	1120
Total of all visits	2318

Child Life Protection.

The Health Visitors undertake the supervision and protection of children under the Public Health Act, 1936.

SANITARY CIRCUMSTANCES OF THE AREA.

Closet Accommodation.

I am indebted to the Borough Surveyor and the Director of Public Cleansing for the following particulars regarding closet accommodation in the borough.

Fresh water closets	13,141
Waste water closets	430
Privies (no water supply or sewer available)	20
Pail closets (no water supply or sewer available)	24

Public Cleansing.

The arrangements for the collection and disposal of house refuse remain the same as in previous years. The Director of Public Cleansing informs me that 14,850 moveable ashbins were emptied on 637,189 occasions.

One thousand and eleven tons of refuse were dealt with at the destructor and 7,968 tons were delivered to tips in the borough.

Sanitary Inspection of the Area.

On page 42 are set out particulars of the inspections carried out by the Sanitary Inspectors. The shortage of labour and materials has had an adverse affect on the speedy remedying of defects.

(*a*) *Summary of Inspections.*

In connection with :—

Infectious Diseases (*a*) Primary visits	184
(*b*) Re-visits	16
Slaughter-houses	951
Piggeries	77
Farms and cowsheds	85
Dairies and milk shops	89
Bakehouses	107
Vans and tents	45
Offensive trades	11
Factories	106
Butchers' shops	185
Market	170
Schools	6
Food premises	575
Canal boats	11
Stables	86
Visits for other causes	1303
Interviews	1521

Houses (nuisances) :—

(*a*) Primary visits	1199
(*b*) Re-visits	1978

(*b*) *Defects or Nuisances found.*

Drains and gullies	106
Roofs and chimneys	181
Eaves and downspouts	235
Walls	202
Windows and frames	102
Doors and frames	13
Floors	107
Paving, channelling and yards	14
Closets	207
Sinks and sink pipes	34
Plaster work	301
Other defects	161

(*c*) *Notices Served.*

(*a*) Informal	494
(*b*) Statutory	107

(d) ***Results.***

Number of defects dealt with	1663
Number of defects abated after statutory notice	276
Number of defects abated after informal notice	1024
Number of defects remaining to be dealt with	363

Shops Acts.

During the year 376 inspections were made.

Rats and Mice Destruction.

Work under the Rats and Mice (Destruction) Act, 1919, and the Infestation Order, 1943, was continued during the year, under the supervision of the Senior Sanitary Inspector, who is the Rodent Officer.

The annual report of the Rodent Officer shews that during 1945 the number of visits paid to premises was 688. The Council employs one full-time rodent operative and the methods used for the destruction of rats and mice are those advocated by the Infestation Division of the Ministry of Food. The baiting of the sewers was commenced in December, 1944, and by May, 1945, the sewers in the borough had been treated twice, by the method officially recommended. Each treatment consisted in baiting the manholes on five occasions. On the first four occasions non-poisonous bait was used and poisonous bait was employed during the fifth baiting. The bait was laid on metal trays secured to the brickwork of the sewers. Two lengths of rope were suspended from each tray to act as climbers and the Rodent Officer observes in his report that one and a quarter miles of rope were used for this purpose. It is estimated that these methods resulted in the death of 1940 sewer rats.

The number of complaints received at the health department during 1945 in respect of rodent infestation showed a decrease on the number received in 1944.

The tables on pages 44, 45, and 46 give some statistics regarding the destruction of rats and mice.

SANITARY CIRCUMSTANCES IN THE AREA, 1945.

First Treatment of Sewers

Manholes		Non-Poisonous Baiting						Poisonous Baiting						
Section of Sewer treated	*Total No. of Manholes*	*No. Baited*	*Average Pre-Bait Taken*											
			C	*G*	*S*	*NT*	*Total No. taken*	*C*	*G*	*S*	*NT*	*Total No. taken*	*Dead Rats found*	*No. Trays used by Rats*
1	56	56	—	—	—	56	—	—	—	—	56	—	—	—
2	56	56	—	—	—	56	—	—	—	—	56	—	—	—
3	56	56	4	12	7	33	23	—	16	7	33	23	—	26
4	79	79	—	—	—	79	—	—	—	—	79	—	—	—
5	56	56	—	1	8	47	9	—	2	6	48	8	—	9
6	46	46	—	1	4	41	5	—	3	2	41	5	—	5
7	56	56	12	9	6	29	27	1	21	5	29	27	3	27
8	57	57	4	4	8	41	16	—	10	6	41	16	7	16
9	56	56	1	10	5	40	16	—	12	4	40	16	7	16
10	56	56	—	—	—	56	—	—	—	—	56	—	—	—
11	56	56	—	2	5	49	7	—	3	4	49	7	3	7
12	61	61	—	—	3	58	3	—	—	3	58	3	—	3
13	68	68	—	—	—	68	—	—	—	—	68	—	—	—
14	75	75	—	—	1	74	1	—	—	1	74	1	—	1
	834	834	21	39	47	727	107	1	67	38	728	106	20	110

Reference :—C. Bait completely taken
S. Small proportion of bait taken.
G. Good proportion of bait taken.
NT None of bait taken.

SANITARY CIRCUMSTANCES IN THE AREA, 1945.

Second Treatment of Sewers

Manholes		Non-Poisonous Baiting						Poisonous Baiting						
			Average Pre-Bait Taken											
Section of Sewer treated	*Total No. of Manholes*	*No. Baited*	*C*	*G*	*S*	*NT*	*Total No. taken*	*C*	*G*	*S*	*NT*	*Total No. taken*	*Dead Rats found*	*No. Trays used by Rats*
1	56	56	2	—	—	54	2	—	2	—	54	2	—	2
2	56	56	—	—	—	56	—	—	—	—	56	—	—	—
3	56	56	—	5	8	43	13	1	5	8	42	14	—	14
4	79	79	—	—	—	79	—	—	—	—	79	—	—	—
5	56	56	—	—	7	49	7	—	1	6	49	7	—	7
6	46	46	—	—	1	45	1	—	—	1	45	1	—	1
7	56	56	—	—	6	50	6	—	—	6	50	6	—	6
8	57	57	—	1	1	55	2	—	1	1	55	2	—	2
9	56	56	—	—	—	56	—	—	—	—	56	—	—	—
10	56	56	—	—	—	56	—	—	—	—	56	—	—	—
11	56	56	—	—	—	56	—	—	—	—	56	—	—	—
12	61	61	—	—	—	61	—	—	—	—	61	—	—	—
13	68	68	—	—	—	68	—	—	—	—	68	—	—	—
14	75	75	—	—	—	75	—	—	—	—	75	—	—	—
	834	834	2	6	23	803	31	1	9	22	802	32	—	32

Reference :—C. G. S. and NT. have the same meaning as in table 1 on page 44.

SANITARY CIRCUMSTANCES OF THE AREA 1945.

Rats and Mice Destruction.

Types of Premises	*Number of Visits paid*	*Non-poisonous Baiting*		*Poisonous Baiting*		*Rats Caught*
		No. laid	*No. Taken*	*No. laid*	*No. Taken*	*By other methods*
Houses	395	277	124	85	22	74
Factories	73	1081	593	223	74	44
Food Premises	77	202	108	52	20	—
Stables	5	2	2	—	—	10
Hen-runs	19	32	19	5	—	56
Railways	3	—	—	—	—	24
Collieries	6	—	—	—	—	21
Shops (excluding food shops)	14	128	46	26	2	2
Clubs	25	28	13	4	—	—
Building Yards	12	90	30	10	—	—
Allotments	9	—	—	—	—	27
Tips	9	76	41	9	—	—
Sewage Works	7	—	—	—	—	30
Brook Banks	15	—	—	—	—	255
Farms	14	17	8	7	—	147
Places of Amusement	5	8	2	2	—	—
Totals	688	1941	986	423	118	690

Canal Boats.

The number of boats on the register at the end of the year, which could reasonably be believed to be in use, or available for use, was 15. Eleven boats were inspected during the year. There was one infringement of the Canal Boats Acts.

The welfare services are available to women and children on barges and the health visitors make regular inquiries regarding any such persons, who may require help and advice.

Factories, Workshops and Workplaces.

Inspection of Factories, Workshops and Workplaces (including inspections made by Sanitary Inspectors).

SANITARY CIRCUMSTANCES OF THE AREA, 1945.

Factories, Workshops and Workplaces.

Premises (1)	*No. of Inspections* (2)	*No. of Written Notices* (3)	*No. of Occupiers prosecuted* (4)
Factories with mechanical power	74	3	—
Factories without mechanical power	83	—	—
Other premises	—	—	—
Total	157	3	—

SANITARY CIRCUMSTANCES OF THE AREA, 1945.

Factories, Workshops and Workplaces.

Defects Found.

Particulars (1)	*No. of Defects* *Found* (2)	*Remedied* (3)	*Referred to H.M. Inspector* (4)	*Number of offences in respect of which Prosecutions were instituted* (5)
Nuisances under the Public Health Acts :				
Want of cleanliness....	20	14	—	—
Want of ventilation...	1	—	—	—
Overcrowding.............	—	—	—	—
Want of drainage of floors.......................	—	—	—	—
Other nuisances..........	—	—	—	—
Sanitary Conveniences				
Insufficient...............	1	2	—	—
Unsuitable or defective................	—	—	—	—
Not separate for sexes.......................	—	—	—	—
Other Offences...........	1	1	—	—
Total.............	23	17	—	—

Water Supply.

The water supply is chlorinated before reaching the town. A bacteriological examination of the water supply is carried out weekly The results of these examinations have been uniformally good. Tables shewing the results of the chemical analysis of the water supply will be found on page 49. It will be seen from the table dealing with the lead content of the water samples that the amount of lead, as might be expected, is much increased when the water has remained in the service pipe overnight. Hence the desirability of allowing the tap to run on the first occasion it is used in the day. It was pointed out in last year's report that a definite standard should be prescribed regarding the lead content of water used for domestic purposes. The standard in the United States of America of 0.01 parts per 100,000 prescribes a lower content of lead than the standard of 0.05 parts per 100,000 which is generally accepted in this country.

SANITARY CIRCUMSTANCES OF THE AREA, 1945.

Examination of water samples (parts per 100,000).

Sample	Colour	Turbidity	Oxygen Absorbed (4 hrs. at 27° C.)	Free & Saline Ammonia (as NH 3)	Albuminoid Ammonia (as NH 3)	Nitrous Nitrogen (as NH 3)	Nitric Nitrogen (as NH 3)	Chlorides (as C 1)	Hardness, Clarke's Method			Reaction pH	Action on Lead 24 hours	Lead
									Temp.	Permanent	Total			
1.	Normal	Nil	0.041	0.0060	0.0058	Nil	0.05	1.4	0.0	5.0	5.0	6.5	0.16	0.0
2.	Normal	Nil	0.060	0.0010	0.0056	Nil	0.02	1.3	0.0	6.0	6.0	6.0	0.16	0.04
3.	Normal	Nil	0.060	0.0010	0.0056	Nil	0.02	1.3	0.0	6.0	6.0	6.0	0.16	0.04
4.	Brownish	Very Slight	0.035	0.0054	0.0028	Nil	0.02	1.5	0.0	5.5	5.5	6.0	0.08	Less than 0.01
5.	Yellow	Nil	0.032	0.0028	0.0056	Nil	0.04	1.6	0.0	5.0	5.0	7.0	0.12	0.0
6.	Normal	Nil	0.069	0.0090	0.0042	Nil	0.02	1.4	0.0	5.0	5.0	5.5	0.26	0.04
7.	Normal	Nil	0.083	0.0080	0.0070	Nil	0.03	1.5	0.0	7.0	7.0	6.0	0.46	0.04

SANITARY CIRCUMSTANCES OF THE AREA, 1945

Lead Content of Water
in parts per 100,000

Sample (Tap)	1	2	3
First running after standing overnight	0.08	0.26	0.04
After normal running of tap....	0.06	0.04	0.01 (less than)

HOUSING.

As the following figures show, there were no new houses erected during the year. Work had, however, started on the construction of new houses on the Thompson Street site.

(*a*) Total (including numbers given separately under (*b*)	Nil
(i) by Local Authority	Nil
(ii) by other Local Authorities	Nil
(iii) by other bodies or persons	Nil
(*b*) With State assistance under the Housing Acts :—	
(i) by Local Authority	Nil
(ii) by other bodies of persons	Nil

Thirteen houses infested with bugs were disinfested with hydrogen cyanide gas. The work was done by a firm specialising in this method of disinfestation. Seventeen houses infested with bugs were disinfested by methods other than the use of hydrogen cyanide.

During the year twelve houses were disinfested with D.D.T. and the results obtained were very satisfactory.

Reference was made in the last annual report of your Medical Officer of Health to the recommendations made by the Housing Sub-Committee of the Central Housing Advisory Committee in their report entitled "Design of Dwellings". This report drew attention to the importance of labour-saving fittings, adequate out-buildings, constant hot water and good natural lighting in the interior of houses. In view of the bacteriological properties of ordinary daylight as distinct from direct sunlight, it is important that windows should be of adequate size.

The Housing Manual issued in 1944 by the Ministry of Health and the Ministry of Works recommends that where open fires are fitted they should be capable of burning smokeless fuels as well as bituminous coal. This is an important recommendation and its relation to the prevention of atmospheric pollution is dealt with in the section of this report dealing with smoke abatement.

MILK AND FOOD SUPPLY.

The table on page 53 shews the number of samples of milk submitted to bacteriological examination and the results obtained. It will be seen that nine (10.71%) out of a total of 84 samples of undesignated milk contained tubercle bacilli. This represents a large increase in the incidence of samples of undesignated milk found to contain tubercle bacilli. In 1944, six (3.3%) out of a total of 182 samples contained tubercle bacilli.

One out of the eleven samples of accredited milk was also found to contain tubercle bacilli thus demonstrating that milk of this designation is not free from the danger of causing tuberculous infection. None of the 33 samples of pasteurised milk contained tubercle bacilli. It is to be hoped that, as soon as practicable, steps will be taken to ensure that all milk for human consumption is efficiently heat treated. For many years we have possessed the knowledge which would enable us to render milk safe, but we have failed to make full use of this knowledge The result of this failure is a large amount of easily preventable morbidity and mortality among children.

Details regarding meat inspection are given in the table on page 52. There has been a large increase in the number of animals examined after slaughter by the Sanitary Inspectors. The table on page 56 gives details of the foods, other than freshly killed meat, condemned as being unfit for human consumption.

MILK AND FOOD SUPPLY, 1945.

Meat Inspection.

Animal	No. examined	No. condemned for tuberculosis			No. condemned for other conditions		
		Whole of animal	Part of animal	Total weight (lbs)	Whole of animal	Part of animal	Total weight (lbs)
Cows	2114	172	1181	118,728	47	590	28,110
Cattle (excluding cows)	2910	—	134	3,660	—	724	9,907
Calves	1261	—	—	—	3	—	80
Sheep and lambs	19888	—	—	—	31	not available	2,529
Pigs	5282	8	458	7,610	3	488	3,240

MILK AND FOOD SUPPLY, 1945.

Examination of Milk Samples.

Designation	No. taken	NATURE OF TEST.									
		Methylene Blue		Coliform Test		Bacterial Count		Tubercle Bacilli		Phosphatase Test	
		Satis-factory	Unsatis-factory	Satis-factory	Unsatis-factory	Satis-factory	Unsatis-factory	Pres-ent	Abs-ent	Satis-factory	Unsatis-factory
Raw	84	52	32	56	28	—	—	9	75	—	—
Accredited	11	7	4	7	4	—	—	1	10	—	—
Pasteurised....	33	25	8	24	9	31	2	—	33	31	2

Adulteration.

There has been a reduction in the proportion of samples adulterated or otherwise giving rise to irregularity.

The tables on pages 54 and 55 give details concerning the samples taken under the Food and Drugs Act, 1938. 5 (7.7%) out of 65 samples submitted for examination under the Food and Drugs Act were adulterated or otherwise gave rise to irregularity. In 1944 8 (8%) out of the 100 samples submitted under the Food and Drugs Act were adulterated or otherwise gave rise to irregularity.

MILK AND FOOD SUPPLY, 1945.

Adulterated Samples — Food and Drugs Act, 1938.

Serial No.	*Article*	*Whether Formal Informal or Private*	*Nature of Adulteration or irregularity*	*Observations*
642	Olive Oil	Informal	The sample had the characters of arachis oil.	
643	Olive Oil	Informal	Consisted of olive oil contained 5 per cent. of free fatty acids (expressed as oleic acid)	The amount of free fatty acids (expressed as oleic acid) in *edible* olive oil does not usually exceed 1 per cent., any excess indicates rancidity has developed.
655	Milk	Formal	Deficient 33 per cent. fat	Appeal to cow sample taken. Fined £5 and £2 2 0 costs.
657	Milk	Formal	Deficient 13 per cent. fat.	Appeal to cow sample taken fat 3.0 per cent. Further samples advised.
682	Milk	Formal	Deficient 6 per cent. fat	Further samples advised.

MILK AND FOOD SUPPLY, 1945.

Samples taken — Food and Drugs Act, 1938.

Article	*Number examined*			*Number adulterated or otherwise giving rise to irregularity*		
	Formal	*Informal*	*Total*	*Formal*	*Informal*	*Total*
Aspirin Tablets	0	1	1	0	0	0
Beer	0	2	2	0	0	0
Composition Essence	0	1	1	0	0	0
Curry Powder	0	1	1	0	0	0
Egg Substitute	0	1	1	0	0	0
Fever Mixture	0	1	1	0	0	0
Fruit & Nut Cake	0	1	1	0	0	0
Fish (Cured)	0	1	1	0	0	0
Gelatine	0	1	1	0	0	0
Honey	0	1	1	0	0	0
Lung Lozenges	0	1	1	0	0	0
Meat Paste	0	1	1	0	0	0
Milk	26	10	36	3	0	3
Milk, Appeal-to-Cow	2	0	2	0	0	0
Mustard Pickles	0	1	1	0	0	0
Nut Cream	0	1	1	0	0	0
Nut Lard	0	1	1	0	0	0
Orange Cocktail	0	1	1	0	0	0
Olive Oil	0	2	2	0	2	2
Raspberry Vinegar & Nut Oil	0	1	1	0	0	0
Sausages	2	0	2	0	0	0
Saviand ("for appetising savoury dishes")	0	1	1	0	0	0
Soothing syrup	0	1	1	0	0	0
Sweets	0	2	2	0	0	0
Zinc Ointment	0	1	1	0	0	0

MILK AND FOOD SUPPLY, 1945.

Food Unfit for Human Consumption

Nature of Food	*Type of Packing*	*Quantity Condemned*
Bacon		95 lbs.
Beans	1 lb. tin.	21 tins.
Eggs (Imported)		310
Fish (Fresh)....		35 lbs.
Milk	14½ oz. tins.	218 tins.
Meat	¾ lb. tin.	12 tins.
	1 lb. tin.	9 tins.
	1½ lb. tin.	4 tins.
	2½ lb. tin.	6 tins.
	6 lb. tin.	6 tins.
Minced Beef Loaf	12 oz. tin.	2 tins.
Peas		1 tin.
Pork Sausage Meat	12 oz. tin.	13 tins.
	24 oz. tin.	2 tins.
	2½ lb. tin.	5 tins.
	6 lb. tin.	3 tins.
Pudding Mixtures	4 oz. pkts.	350 pkts.
Soup	10 oz. tin.	2 tins.
Steak	1 lb. tin.	9 tins.
Vegetables	10 oz. tin.	1 tin.
	1 lb. tin.	9 tins.
	1½ lb. tin.	2 tins.
	2 lb. tin.	3 tins.

PREVALENCE OF AND CONTROL OVER INFECTIOUS DISEASE.

Notifiable Diseases.

The table on page 59 gives details regarding the age and sex incidence of the notifiable diseases other than tuberculosis. The figures given in this table are the number of notified cases after due allowance has been made for subsequent alteration in the diagnosis as originally notified. It will be seen from the table that there has been a reduction in the incidence of the majority of these diseases.

Whooping Cough.

There was a considerable decrease during 1945 in the incidence of whooping cough. There were 29 cases notified during the year compared with 108 in 1944. This is the lowest incidence since whooping cough became notifiable, the next lowest incidence occurring in the year 1942 when 76 cases were notified. Of the 29 cases which were notified in 1945, 15 were males and 14 were females. The greatest incidence was in children aged three years.

Facilities exist for the immunisation of children against whooping cough. 33 children were immunised against whooping cough in 1945.

Diphtheria.

The year 1945 witnessed a considerable reduction in the incidence of diphtheria. The actual number of cases was 16 and this represents a reduction of 16 on the previous year's figure of 32. The table on page 62 illustrates the marked reduction in the incidence of this disease which has taken place since 1940. In that year there were 167 cases. During the three following years the cases numbered between 40 and 50 and in 1944 fell to 32. In that year the number of cases was less than half the number of cases which occurred in 1943. Of the 16 cases which occurred in 1945 7 were in males and 9 in females.

The table on page 61 sets out the number of children who have been immunised since 1935 and also gives the ages at which they were immunised. It will be seen that the total number of children immunised in 1945 was 637 and this is an increase of 278 on the number who were immunised during the previous year. The number of children immunised in 1945 at the age of one year was 298 and this represents the highest number immunised at this age since the inception of the scheme. Approximately 49% of the child population of the Borough under five years and 47% of the child population over five years have been immunised against diphtheria.

Whilst it is gratifying to be able to report an increase in the number of children who have been immunised it is important to remember that it is necessary for the majority of the children in the borough to be protected by immunisation if the incidence of diphtheria is to be reduced still further and maintained at a low level. We possess the means necessary to reduce the number of cases of diphtheria to insignificant proportions. All that is required is that parents should make full use of the existing facilities for immunisation.

In addition to the figures given in the table on page 61 a total of 79 children failed to complete the process of immunisation during 1945. All these children received at least one injection of immunising material.

182 School children who had been previously immunised against diphtheria were re-immunised in 1945 with a single dose of immunising material.

Measles.

The incidence of measles showed a considerable reduction, there being 126 cases compared with 604 in 1944. Since it became a notifiable disease in October, 1939, measles has shown a biennial increased incidence in the borough. Hence the reduced incidence during 1945 was not unexpected.

Scarlet Fever and Erysipelas.

The incidence of these two diseases has shown little change during the year, 54 cases of scarlet fever and 19 cases of erysipelas being notified.

Pneumonia.

The number of cases of pneumonia was 63 representing a reduction of six on the notifications received during the previous year.

Scabies.

Scabies has been a notifiable disease in the Borough since July, 1943. During 1945 319 cases of scabies were notified. The number of notified cases during 1944 was 415. There has thus been a considerable reduction in the incidence of this complaint. The Summary Report of the Ministry of Health for the year ended 31st March, 1945, points out that the available figures show a decrease in the incidence of scabies, which is more marked in the provinces than in the London area. The notified incidence in Leigh was greater in females than in males, and this greater incidence in females was also observed in 1944. During 1945 there were 182 notified cases in females and 137 in males. The largest number of cases occurred in the age-group 5–10 years (71 cases), and this age group was closely followed by the age groups 20–35 years and 10–15 years (59 and 57 cases respectively). These three age groups also accounted for the greatest incidence in 1944.

Tuberculosis.

The incidence of and mortality from tuberculosis remained much the same as in 1944. The total number of cases notified was 41 compared with a total of 45 cases in 1944. Thirty two cases of respiratory tuberculosis were notified in 1945, and this represents a reduction of 4 on the number of cases of respiratory tuberculosis, which were notified in 1944. The number of cases of non-respiratory tuberculosis notified was 9, a reduction of 5 on the previous year's figure.

The mortality from tuberculosis showed little change. During 1945 there was a total of 19 deaths. In 1944 the number of deaths from tuberculosis was 18. Fifteen of the deaths which occurred in 1945 were due to respiratory tuberculosis (in 1944 the number of deaths from this cause was 14) and the remaining four to non-respiratory tuberculosis.

PREVALENCE AND CONTROL OVER INFECTIOUS DISEASE, 1945.

Incidence of Notifiable Diseases (other than Tuberculosis)

	Under 1		1		2		3		4		5		10—		15—		20—		35—		45—		65 & over		Total	
Disease	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Scarlet Fever	—	—	2	—	3	—	—	4	1	4	9	18	1	9	2	—	—	—	—	—	1	—	—	—	19	35
Diphtheria	—	—	—	—	1	1	—	—	1	—	2	1	1	—	2	3	—	4	—	—	—	—	—	—	7	9
Measles	3	3	7	10	10	12	12	4	11	16	17	21	—	—	—	—	—	—	—	—	—	—	—	—	60	66
Whooping Cough	3	1	2	2	2	3	3	4	3	2	1	1	—	—	—	—	—	—	—	—	—	—	—	—	14	14
Pneumonia	4	1	4	4	2	1	2	4	1	2	3	1	—	—	4	2	3	1	4	2	6	3	4	5	37	26
Puerperal pyrexia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	12	—	3	—	—	—	—	—	16
Cerebro spinal fever....	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	2	—
Dysentery	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	1	1
Ophthalmia Neonatorum	5	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5	5
Erysipelas	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1	3	1	2	3	2	3	2	10	9
Scabies	1	2	8	8	7	5	3	7	5	12	33	38	26	31	9	21	26	33	9	15	9	10	1	—	137	182

PREVALENCE AND CONTROL OF INFECTIOUS DISEASE, 1945.

Incidence and Mortality of Tuberculosis

Age periods	NEW CASES				DEATHS			
	Respiratory		Non-respiratory		Respiratory		Non-respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1 year	—	—	1	—	—	—	1	—
1 year	—	—	2	—	—	—	1	—
5 ,, ...	—	—	—	—	—	—	—	—
10 ,, ...	—	—	2	—	—	—	1	—
15 ,, ...	—	1	—	—	1	—	—	1
20 ,, ...	2	2	—	—	—	—	—	—
25 ,, ...	6	4	—	—	2	—	—	—
35 ,, ...	2	3	1	—	3	—	—	—
45 ,, ...	4	—	—	1	3	—	—	—
55 ,, ...	4	1	—	1	3	1	—	—
65 and upwards..	1	2	—	1	1	1	—	—
Totals	19	13	6	3	13	2	3	1
	32		9		15		4	

PREVALENCE AND CONTROL OF INFECTIOUS DISEASE, 1945.

Incidence and Mortality of Tuberculosis, 1939–1945.

	1939	1940	1941	1942	1943	1944	1945
Notified cases—							
(*a*) Respiratory..................	35	35	29	33	34	31	32
(*b*) Non-respiratory.........	16	16	14	9	13	14	9
Deaths—							
(*a*) Respiratory..................	19	31	20	26	13	14	15
(*b*) Non-respiratory.........	4	4	2	6	5	4	4

PREVALENCE AND CONTROL OF INFECTIOUS DISEASE DURING 1945.

Number of Children Immunized since 1935.

Age	1935	1936	1937	1938	1939	1940	1941	1942	1943	1944	1945	*Total No. immunised.*
0 yrs.	—	1	—	—	—	1	2	9	3	—	4	
1 ,,	5	9	12	18	6	7	53	247	157	200	298	
2 ,,	5	12	3	24	9	9	81	152	74	34	59	Estimated child population 3757
3 ,,	7	8	7	27	4	4	61	132	53	16	34	
4 ,,	11	19	12	40	29	2	92	149	82	27	45	
5 ,,	17	19	15	54	30	4	105	108	65	15	32	under 5 years 1850
6 ,,	14	3	10	60	45	3	132	96	58	14	44	
7 ,,	—	5	4	75	55	2	81	83	59	10	37	
8 ,,	—	—	10	60	43	1	59	61	39	14	17	
9 ,,	—	—	—	49	36	1	61	67	33	5	9	
10 ,,	—	—	—	—	7	1	54	78	34	9	19	
11 ,,	—	—	—	—	—	2	35	44	54	7	21	Estimated child population 6280
12 ,,	—	—	—	—	—	—	18	27	77	4	13	
13 ,,	—	—	—	—	—	—	3	15	60	3	5	
14 ,,	—	—	—	—	—	—	—	6	20	1	—	
15 ,,	—	—	—	—	—	—	—	2	9	—	—	from 5-14 years 2947
Total	59	76	73	407	264	37	837	1276	877	359	637	at end of 1945 4797

PREVALENCE AND CONTROL OF INFECTIOUS DISEASE, 1945.

Notified Incidence of Certain Infectious Diseases (1940 to 1945)

	1940	1941	1942	1943	1944	1945
Diphtheria	178 (11)	63 (18)	72 (24)	63 (17)	53 (21)	27 (11)
Scarlet Fever	77 (2)	116 (3)	90	111 (7)	63 (3)	55 (1)
Pneumonia	101	55	64	102 (1)	67	63
Measles	1330	21	450	172	604	126
Whooping Cough	92	108 (3)	76	78	108 (1)	29 (1)

The figures in brackets are the number of cases in which the diagnosis as originally notified was subsequently altered.

Infestation by Head Lice

Efforts continue to be made to deal with infestation by the head louse and appropriate instructions are issued to the parents of infested children. Lethane oil is used for the purpose of treatment, and when required nit combs are available on loan. The improvement which has occurred in the cleanliness of school children during recent years has not been maintained. 2,465 school children were found to be infested with the head louse in 1945. In the years 1944 and 1943 the number of school children so infested was 1,036 and 1,290 respectively. It will thus be seen that there has been an increase in the number of school children found to be infested with the head louse.

Sixteen (~~20.45~~ 39.02%) of the 41 school children admitted to the infectious diseases hospital during the year were infested with the head louse at the time of their admission. The incidence of infestation was greater in girls than in boys. 5 (33.3%) of the 15 boys admitted were infested compared with 11 (42.3%) of the 26 girls. 7 (33.3%) of the 21 pre-school children admitted to the infectious diseases hospital during 1945 were found to be infested with the head louse. 4 (33.3%) of the 12 boys admitted and 3 (33.3%) of the 9 girls admitted were infested. The percentage of pre-school children admitted during 1944 who were infested with the head louse was 16.16 ~~43.4~~5% compared with 31.21% in 1943 and 31.5% in 1942. The percentage of school children found infested on admission, to the hospital was less than the 1944 figure of 43.45% and an increase ~~improvement~~ on the 1943 figure of 25.5%. None of the 11 male adults admitted to the infectious diseases hospital during 1945 were infested with the head louse. 9 (27.27%) of the 33 females admitted were infested at the time of their admission.

Fourteen (19.4%) of the 72 new admissions to the Day Nursery during the year were infested with the head louse at the time of their admission. In 1944, 16 (26.6%) of the 60 children admitted to the Nursery during that year were infested. In 1945, the incidence of infestation was greater in boys than in girls. Nine (23%) of the 39 boys admitted in 1945 were infested compared with five (15.1%) of the 33 girls who were admitted.

Health Education.

The aim of health education, is first of all to enable citizens to preserve their health and, secondly, to help those who have lost their good health to regain it. So far as the maintenance of health is concerned education directed towards this objective should, of course, begin in the home. For this purpose, however, parents must have been given the necessary knowledge of parentcraft. That is, they must have such knowledge as will enable them to rear healthy children and to teach them the rules of healthy living. Parents should possess adequate information concerning the foods essential for the maintenance of health, the art of cooking, the running of a home, and the bringing up of children. The system of education should ensure that all children who have been through the educational process should be armed with the knowledge which will enable them and their children to live healthy lives. Whilst it is not desired to minimise the importance of the academic aspect of education, it is suggested that high academic achievements demand sound health if the fullest value is to be obtained from such achievements.

The desirability of reaching a high standard in purely academic subjects should not lead to the neglect of health education in our schools. It should, indeed, serve to emphasise the importance of such education. The individual, dogged by ill-health which could have been avoided, is not being given the opportunity of making the best use of his life, however distinguished his academic and other attainments may be. Health education begins in the home and should be continued throughout the period during which the child remains at school. The provision in the new Education Act for ensuring that ultimately children will receive compulsory instruction till they reach the age of 18 should also provide the means of ensuring that when children attain this age they will have received such instruction as will enable them and their children to observe the rules of healthy living.

If we could so arrange matters that each individual of the nation was adequately housed, had sufficient economic resources to purchase the necessary foodstuffs and that the necessary foodstuffs were present in sufficient quantities, we should be rewarded by a striking improvement in the health of the nation. This is an obvious corollary of the known effects on health of bad housing, inadequate financial resources and insufficient food. Large scale therapeutic measures of this character will not, however, be fully effective unless they are also accompanied by large-scale methods of health education. Even when these improvements are brought about it will also be necessary that individuals are also given all the information required to enable them to achieve full health and to rear healthy families.

The provision made by the Ministry of Food for the supply of certain food-stuffs to particular sections of the community, in order to make available to these sections those foods which will enable them to meet their special physiological requirements, also constitutes a useful piece of health education. The scheme for the provision of milk and vitamin supplements to mothers and young children cannot fail to impress the community with the nutritional importance of these articles. Likewise, the free provision of milk to school children is educating the public to regard milk as a valuable food. Similarly, British Restaurants and workers' canteens, by paying due attention to the nutritional value of the meals they serve, have an excellent opportunity of exerting a beneficial influence in this sphere of health education.

The health department continues to pursue a vigorous policy with regard to health education. Verbal advice is constantly being given and use is made of the excellent posters and leaflets made available by the Central Council for Health Education. Use is also made of educational material which has been prepared in the department. In this way the health department has helped to spread knowledge on a large variety of health matters.

Conclusion.

Before concluding I would like to place on record my thanks to the Chairman and Members of the Health Committee and the Maternity and Child Welfare Committee for their very helpful co-operation and encouragement. My thanks are also due to the members of the staff of the Health Department and to the voluntary workers at the child welfare clinics for their help and co-operation during the year.

I have the honour to be,

Your obedient Servant,

H. J. PETERS.

APPENDIX A.

Borough of Leigh.

SCALE OF CHARGES FOR ADMISSION TO THE MATERNITY HOME.

The Sub-Committee appointed in that behalf reported that they had considered the scale of charges for the admission of cases to the Firs Maternity Home and recommended :—

(*a*) That the fees be increased as follows :—

(i) Ordinary Patients.
Residents and rate-payers—from £3 3 0 to £4 4 0 per week.
Non-residents and non rate-payers—
from £4 4 0 to £5 5 0 per week.

(ii) Private Patients.
Residents and rate-payers—from £5 5 0 to £6 6 0 per week.
Non-residents and non rate-payers—
from £6 6 0 to £7 7 0 per week.

(*b*) That non-residents and non-ratepayers be not admitted at reduced charges.

(*c*) That the charges at present made for the admission of cases under arrangement with the undermentioned outside Welfare Authorities be increased as follows and that such cases be only admitted on the understanding that the appropriate Welfare Authority will be directly responsible for the payment of such fees :—

Lancashire County Council—from £4 4 0 to £5 5 0 per week.
Tyldesley Urban District Council—
from £3 15 0 to £5 5 0 per week.

(*d*) That the revised charges be put into operation in respect of cases admitted on and after the 1st January, 1944.

(*e*) That no necessitous person resident in the Borough be excluded merely on the ground that she is unable to contribute a certain sum towards the cost of her maintenance and treatment, and that the Chairman and Medical Officer be given authority to deal with these cases.

(*f*) That any person desirous of paying fees by instalments prior to their admission to the Home be allowed to do so.

(*g*) That the following scale of reduced charges be adopted subject to the condition that as a rule, the minimum amount for the total period of residence shall not be less than the maternity benefit received :—

Income per week	*Charge per day*
Below 30/-	1/6
30/– to 40/–	2/6
40/– to 60/–	4/–
60/– to 75/–	6/–
75/– to 90/–	7/6
above 90/–	12/–

The income is the total family income after deducting rent and rates and 5s. 0d. for each child under 14.

APPENDIX B.

Illegitimate Children

COUNTY COUNCIL FOR THE ADMINISTRATIVE COUNTY OF THE COUNTY PALATINE OF LANCASTER.

SCHEME for the Care of Illegitimate Children Made in Pursuance of Circular 2866 of the Minister of Health and Submitted for His Approval under Section 204 of the Public Health Act, 1936.

1. The County Council as a Maternity and Child Welfare Authority and certain County Districts who are autonomous for maternity and child welfare purposes who express a willingness to do so, will combine to operate a joint scheme.

2. Where there are no special circumstances each Maternity and Child Welfare Authority will employ its own Health Visitors to supervise the care of illegitimate children in its area. Where the circumstances are such that a Health Visitor is unable to undertake the required supervision the Maternity and Child Welfare Authority will report the facts to the Almoner appointed by the County Council who will then take all necessary steps for the welfare of mother and child.

3. The County Council will appoint a qualified Almoner, part of whose duties it will be to deal with cases of special difficulty reported to her by the Maternity and Child Welfare Authorities. Her duties will include those set out in the Ministry of Health Circular No. 2866 and in carrying out these duties she will work in association with the Medical Officer of Health of the Maternity and Child Welfare Authority concerned.

4. The salary and expenses of the Almoner appointed to deal with cases of difficulty will be apportioned between the Maternity and Child Welfare Authorities on the basis of the number of cases dealt with by her.

5. The facilities provided by the Moral Welfare Associations will be used to the extent necessary and the following are the rates of payment :—

I.	(*a*)	For residence of mother and child in a Home provided by a Moral Welfare Society	£1	7	6	per week.
	(*b*)	For residence of mother only	£1	0	0	per week.
	(*c*)	For residence of child only	£0	12	6	per week.

These payments will also be made if a Moral Welfare Society makes arrangements for the reception of mother and/or child into one of their Homes outside the County Area.

Any amount received by the Moral Welfare Society from the mother or relative will be deducted from these payments, the assessment of ability to contribute, which does not depend solely on financial circumstances, to be made by the Society :

II. Charges in respect of confinement.

Confinements may be divided into two categories :—

(*a*) Those occurring in a Home provided by a Moral Welfare Society. In these cases, Welfare Authorities will not be called upon to pay a fee. The Local Supervising Authority, under the Midwives' Acts will be responsible for the payment of any claim resulting from the issue of a medical aid form.

(*b*) Those occurring in Hospitals or Maternity Homes :
In these cases the Hospital charges will be met by the Welfare Authority concerned.

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